State of New Hampshire
2015 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

PERRAS ACE, INC.

31 PERRAS ROAD
LANCASTER, NH 03584

ENTITY TYPE:	CORPORATION
BUSINESS ID:	179393
STATE OF DOMICILE:	NEW HAMPSHIRE

HARDWARE MERCANTILE

ADDRESS OF PRINCIPAL OFFICE:

31 PERRAS ROAD

LANCASTER, NH 03584

REGISTERED AGENT AND OFFICE:

CAMERINO, STEVEN V, ESQ

900 ELM STREET

MANCHESTER, NH 03101

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

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OFFICERS — NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). **(MUST LIST AT LEAST ONE OFFICER BELOW)** A	BOARD OF DIRECTORS — NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). **(MUST LIST AT LEAST ONE DIRECTOR BELOW)** B
PRES. **Louise Collins**	DIR. **Louise Collins**
STREET **113 Wemyss Drive**	STREET **113 Wemyss Drive**
CITY/STATE/ZIP **Groveton Nh 03582**	CITY/STATE/ZIP **Groveton Nh 03582**
SEC'Y. **Louise Collins**	DIR. **Suzanne Batchelder**
STREET **113 Wemyss Drive**	STREET **247 Lancaster Road**
CITY/STATE/ZIP **Groveton Nh 03582**	CITY/STATE/ZIP **Groveton Nh 03582**
V-PRES. **Suzanne Batchelder**	NAME ....
STREET **247 Lancaster Road**	STREET ....
CITY/STATE/ZIP **Groveton Nh 03582**	CITY/STATE/ZIP
TREAS. **Suzanne Batchelder**	NAME ....
STREET **247 Lancaster Road**	STREET ....
CITY/STATE/ZIP **Groveton Nh 03582**	CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Suzanne Batchelder

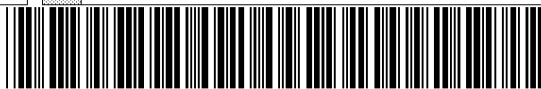**Please print name and title of signer:** Suzanne Batchelder   /   VICE PRESIDENT

NAME — TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

017939320151001

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301